



DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS ENFORCEMENT
ELECTRICIAN CERTIFICATION UNIT
ATTN: LUISA MARTINEZ
PO BOX 420603
SAN FRANCISCO, CA 94142
(415) 703 4919

ELECTRICIAN CERTIFICATION COMPLAINT REFERRAL FORM (LABOR CODE 3099.2)

COMPLAINANT				C-10 CONTRACTOR INFORMATION			
Name				Contractor Name Prime <input type="checkbox"/> Sub <input type="checkbox"/>			
Agency or Company				DBA			
Address				Address			
City	County	State	Zip Code	City	County	State	Zip Code
Phone		E-Mail		License No.	Employees? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Many		
PROJECT INFORMATION (if available)							
Owner of Construction Site/Awarding Body				Project Street Address			
Street Address				City		State	Zip Code
City		State	Zip Code	Type of Work			
				Public Works <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/>			
Phone:							
Nature of Referral: (LC 3099.2):							
Uncertified Electrician <input type="checkbox"/>				Lack of Supervision <input type="checkbox"/>			
Other:				Apprentice <input type="checkbox"/>		Electrician Trainee <input type="checkbox"/>	
Comments:							

NON-CERTIFIED EMPLOYEE(S) INFORMATION (Please list additional names of employees as an attachment)

EMPLOYEE NAME:		
Last:	Middle:	First:
Birthdate:	Drivers License/State:	
SSN:	Approved Apprenticeship Program:	
Last:	Middle:	First:
Birthdate:	Drivers License/State:	
SSN:	Approved Apprenticeship Program:	
Last:	Middle:	First:
Birthdate:	Drivers License/State:	
SSN:	Approved Apprenticeship Program:	

FOR OFFICE USE ONLY				
Complaint No.	Date Received	Special Project	ER Initials	Date Assigned
Position	Date Closed	License No.	Sections Violated	

Signature: _____ Date: _____